



RECEIVED ON _____

SUPPLEMENTAL ADOPTION APPLICATION
ADOPTION & SURROGACY CHOICES OF COLORADO

The Application fee is \$995.00 must be paid at the time of submitting the application. Please visit <https://www.adoptionchoices.org/adoption-fees/> to make the payment. This fee is nonrefundable.

(All information will remain confidential unless your permission is granted, in writing, to release part or parts of it.) Please remember that with the new age of technology, social media and the Internet, your name, address and phone number can possibly be located through diligence by a birth parent. **Please note, most of the correspondence, on our part, will be through email.**

****Anyone living in your home who is 18 years or older, is required to provide CBI and FBI Clearance, Child Abuse Clearance, Physician's Reports, Sex Offender Clearance, and to meet with the case worker.**

Please check one of the following boxes:

- Domestic Home Study Only
- Domestic Home Study and Matching (A non-refundable Family Marketing Fee of \$2,500 is required prior to matching)
- Domestic Matching Only (A non-refundable Family Marketing Fee of \$2,500 is required prior to matching)

First Applicant's Full Name: _____
Second Applicant's Full Name: _____
Home Street Address: _____
Home City, State and Zip Code: _____
County of Residence: _____
Home Phone Number: _____
First Applicant's Cell Phone Number: _____
Second Applicant's Cell Phone Number: _____
First Applicant's Email Address: _____
Second Applicant's Email Address: _____

PERSONAL INFORMATION

How did you hear about our agency? _____

PLEASE PROVIDE PHOTOS OF BOTH APPLICANTS AND YOUR HOME.



FIRST APPLICANT

Name: _____
Occupation: _____
Weight, Height, Hair and Eye Color: _____
Annual Income: _____
Health insurance provider? _____
Do you have life insurance? If yes, how much? _____
Have you ever served in the military? _____
Are you enrolled or eligible for enrollment in any Native American Tribe? If yes, what tribe: _____
Driver's License # and Expiration Date: _____
Automobile Liability Insurance Expiration Date: _____
Automobile Registration Issue Date: _____ Expiration Date: _____
Drug or alcohol issues (past & present including year(s) of occurrence): _____

SECOND APPLICANT

Name: _____
Occupation: _____
Weight, Height, Hair and Eye Color: _____
Annual Income: _____
Health insurance provider? _____
Do you have life insurance? If yes, how much? _____
Have you ever served in the military? _____
Are you enrolled or eligible for enrollment in any Native American Tribe? If yes, what tribe: _____
Driver's License # and Expiration Date: _____
Automobile Liability Insurance Expiration Date: _____
Automobile Registration Issue Date: _____ Expiration Date: _____
Drug or alcohol issues (past & present including year(s) of occurrence): _____

FAMILY BACKGROUND

FIRST APPLICANT

Father's name & age: _____

Address: _____

Phone Number: _____

Occupation: _____

Marital status & spouse's name: _____

Mother's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Sibling's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Names and ages of children: _____

Sibling's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Names and ages of children: _____

Sibling's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Names and ages of children: _____

Sibling's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Names and ages of children: _____

SECOND APPLICANT

Father's name & age: _____

Address: _____

Phone Number: _____

Occupation: _____

Marital status & spouse's name: _____

Mother's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Sibling's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Names and ages of children: _____

Sibling's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Names and ages of children: _____

Sibling's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Names and ages of children: _____

Sibling's name & age: _____

Address: _____

Phone number: _____

Occupation: _____

Marital status & spouse's name: _____

Names and ages of children: _____

INFORMATION ON CHILD YOU WISH TO ADOPT

Gender & age preference: _____

Race/Ethnicity you would accept (please check all that apply)

Caucasian: _____
Hispanic: _____

Caucasian/Hispanic: _____
Caucasian/African American: _____

African American: _____
Asian: _____
Hawaiian: _____
Native American: _____

Caucasian/Asian: _____
Caucasian/Hawaiian: _____
Caucasian/Pacific Island: _____

Other: _____

Would you accept:

Twins: _____
An older child: _____ Up to what age? _____
More than one older child if they were siblings? _____
A child with a correctable medical condition? _____

OPENNESS IN YOUR ADOPTION

INDICATE

YES NO MAYBE

Openness in Your Adoption

Would you accept a semi-open adoption where the agency would present your profile to the birth mother and you would meet the birth parent(s) prior to placement. Your first names only would be provided to the birth parent(s) unless you choose to share more information. (For example, with the introduction of the internet, a birth parent who knows your first name, your profession and the state in which you live could easily find you through the internet or other technological means.)

Would you accept an open adoption, where the birth parents would periodically meet and visit with the child after placement and the adoption is final?

Indicate your level of acceptance of a child who has the following problems:

INDICATE

YES NO MAYBE

DRUGS

Would you accept a child whose biological mother:

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| A. | Is currently drug addicted?
(illicit drugs- i.e., cocaine, heroin, methamphetamines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Is currently addicted to marijuana? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Is currently using marijuana on occasional/social basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Had previously used drugs?
(illicit drugs- i.e., cocaine, heroin, methamphetamines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Had previously been drug addicted?
(illicit drugs- i.e., cocaine, heroin, methamphetamines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Had used drugs before realizing she was pregnant?
(illicit drugs- i.e., cocaine, heroin, methamphetamines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | Had used marijuana before realizing she was pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. | Whose biological father had used drugs at conception
or was addicted to drugs during the pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ALCOHOL

Would you accept a child whose biological mother:

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| A. | Had abused alcohol, prognosis uncertain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Was presently using alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Is alcohol addicted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Had previously been alcohol addicted but is not at time
of conception? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Had used alcohol before realizing she was pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. | Sight in both eyes but vision is limited/glasses needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Sight in one eye only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Blind but surgery may give partial sight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Blind and will never have sight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BI-POLAR DISORDER

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Had one parent diagnosed with bi-polar disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Had both parents diagnosed with bi-polar disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Had grandparent(s) diagnosed with bi-polar disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Had one parent who was taking medication during
pregnancy for bi-polar? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SCHIZOPHRENIA

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Schizophrenic child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Had one parent diagnosed as schizophrenic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Had two parents diagnosed as schizophrenic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. Had grandparents diagnosed as schizophrenic?

DEPRESSION

A. Had one parent who was depressed but not on medication?

B. Had two parents who were depressed but not on medication?

C. Had one parent who was depressed and on medication?

FINANCES

The cost of our adoptions generally range between \$49,000 and \$59,000, excluding finalization costs and any travel expenses. How much are you willing and able to spend on an adoption, excluding finalization costs and travel expenses? _____

GENERAL QUESTIONS

Have you ever had an adoption fail or fall through? If so, please describe the circumstances: _____

Have you already had a home study done by anyone for the purpose of adoption? If yes, which agency completed it and when?

Have you ever been denied a favorable home study? If yes, when and for what reason?

Are you using any other methods to try and adopt? _____

If you reside outside of Colorado:

Name of Home Study Agency: _____

Address: _____

Contact Person: _____

Phone #, and e-mail: _____

Has your application been submitted to this agency & accepted? _____

Adoption Placement Agency (if not Adoption Choices of Colorado):

Name of Agency: _____

Contact Person: _____

Phone #, and e-mail: _____

Has your application been submitted to this agency & accepted? _____

Have you ever had any of the following.... *If yes, please explain on a separate sheet of paper for each applicant including the year(s) in which the event occurred. Indicating yes to any of these questions does not necessarily preclude you from adopting. It is important to have this information in order to better assist you.*

Please select yes or no:

Declared bankruptcy or foreclosed on a home? YES NO

Are you currently or have you ever been under psychiatric care of a hospital? YES NO

*A chronic or life altering illness? YES NO

Been on anti-depressants or anti-anxiety medications? YES NO

Received dishonorable discharge from military service? YES NO

Relinquished your rights to a child or had your rights terminated? YES NO

Dissolved or disrupted a child's adoption? YES NO

Been arrested for any reason? YES NO

Been convicted of any type of criminal actions? YES NO

Been in treatment for alcohol or substance abuse? YES NO

Past due on any court ordered installment of child support? YES NO

Been denied by another adoption agency? YES NO

Had a child removed from your home or custodial care for any reason? YES NO

Been investigated/charged with for physical abuse or domestic abuse? YES NO

Been investigated/charged with child abuse or neglect, or sexual abuse? YES NO

Had any criminal history that has been expunged, sealed, pardoned or subject to any amelioration? YES NO

Had any history, as a victim or perpetrator, of child abuse, child neglect, sexual abuse, or domestic violence, whether it resulted in an arrest or conviction or not? YES NO

Medically documented infertility? YES NO

Why do you wish to adopt a child? _____

Any other comments or information you would like to add:

**If you have a chronic or life altering illness, this information will be disclosed to expectant parents prior to being selected for a match.*

Consent to E-mail or Text Usage for Agency Communications:

Clients of Adoption & Surrogacy Choices of Colorado may be contacted via e-mail and/or text messaging to provide information relating to the agency, to provide general adoption information, and/or to obtain feedback on your experience with the agency. The client understands that once they have consented to receive communication via e-mail or text message, the client has the right to revoke the consent at any time.

Client acknowledges they are consenting to receiving:

- General adoption information
- Information relating to the agency including annual picnic invite and fundraising, or
- Surveys regarding client(s) experience from the agency directly to the e-mail address and/or text message number provided by the client.

_____ (Clients Initials) I consent to the above in order to receive communication from the agency to my e-mail address and/or to my cell phone number provided. I understand that this request to receive e-mails and/or text messages will apply to future communication unless I request a change in writing (revocation form can be requested from agency).

The **cell phone number** that I authorize to receive **text messages** at is: _____

The **e-mail address** that I authorize to receive **e-mail** at is: _____ **OR**

_____ (Client Initials) I **decline** to receive communication via text.

_____ (Client Initials) I **decline** to receive communication via email.

Please note, Adoption & Surrogacy Choices of Colorado does not charge for this service, but standard messaging rates may apply as provided in your wireless plan.

I/We understand and acknowledge that our application fee of \$995.00, which is non-refundable, guarantees our being on Adoption Choices' waiting couples list for a period of one year (if home study approved). We further understand that adoption costs vary from situation to situation, and that upon our being matched with a birth mother and/or child we will be responsible for paying the full estimated amount of that particular situation. We understand that those funds will be placed in an escrow account and costs incurred by the agency on behalf of our birth mother will be paid from that account. We further understand that if the adoption fails, the agency placement fee, minus a \$4,500.00 Agency Services fee, will can be credited to another birth mother/child situation. All other fees and costs, including birth mother pregnancy-related expenses, are at risk.

I/We understand that Adoption & Surrogacy Choices of Colorado has a legal obligation to protect any child placed for adoption and to ensure that an adoptive family is able to serve the best interest of the child. I/We understand that my/our records are protected under the Federal Confidentiality Regulations and cannot be

disclosed without my/our written consent unless otherwise provided for in the regulations. I/We also understand that I/we may revoke this consent at any time except to the extent that action has been taken in reliance on it.

I/We authorize Adoption & Surrogacy Choices of Colorado to both receive and share any information given the agency for the purposes of my/our adoption including requesting criminal history and child abuse and neglect clearances from all states and foreign countries where I/we have lived for the past 5 years.

*****Disclaimer*****

Adoption & Surrogacy Choices reserves the right to refuse and or deny any application

Perjury Statement: Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

SIGNATURES:

First Applicant

Date

Second Applicant

Date

Reviewed & Approved By: _____

Date: _____